

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. NY-WELLA 204-US	
		First Inventor Karl-Heinz Pitsch	
		Title CLIENT RELATIONSHIP MANAGEMENT AND PRODUCT DISTRIBUTION SYSTEM AND METHOD	
		Express Mail Label No. EV 331557769 US	

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 20] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]</p> <p>5. Oath or Declaration [Total Sheets]<ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <small>(Appendix)</small></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statements verifying identity of above copies</p>
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ACCOMPANYING APPLICATIONS PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	<input type="checkbox"/> Power of Attorney
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small>	<input type="checkbox"/> Copies of IDS Citations
11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small>	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small>	
17. <input checked="" type="checkbox"/> Other:	<div style="border: 1px solid black; padding: 2px;"><ul style="list-style-type: none">- Unexecuted Declaration/Power of Attorney Form- Check for Filing Fee</div>

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No.: **60/406,371 filed 8/26/2002**

Prior application information: Examiner **Not Yet Assigned** Art Unit: **N/A**

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS	
<input checked="" type="checkbox"/> Customer Number: 024972	OR <input type="checkbox"/> Correspondence address below
Name C. Andrew Im	
Address 	
City 	State Zip Code
Country 	Telephone Fax

Name (Print/Type) C. Andrew Im	Registration No. (Attorney/Agent) 40,657
Signature	Date 8/26/03

Utility Patent Application Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 331557769 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: Aug. 26, 2003	Signature: (Fani Malikouzakis)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 0;">Effective 01/01/2003, Patent fees are subject to annual revision.</p>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	
		First Named Inventor	
		Examiner Name	
		Art Unit	
TOTAL AMOUNT OF PAYMENT (\$)		1,728.00	
Attorney Docket No.		NY-WELLA 204-US	

METHOD OF PAYMENT (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account Deposit Account Number: 50-0624 Deposit Account Name: Fulbright & Jaworski L.L.P. The Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (continued)																																																																																																																																																																																																																																																					
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	C. Andrew Im	Registration No. (Attorney/Agent)	40,657
Signature		Telephone	(212) 318-3359
		Date	8/26/03

Fee Transmittal	
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Dated: <u>Aug. 26, 2003</u>	Signature: <u>Fani Malikouzakakis</u> (Fani Malikouzakakis)